

Affidavit

I _____ [name of affiant] _____,
[title of affiant] _____ representing _____ [name of reporting
entity or "my practice", if representing a personal practice of a profession listed
under Tenn. Code Ann. § 56-54-101(a)(2)] _____ do hereby
declare that I am aware of, and understand the requirements of Tenn. Code.
Ann. § 56-54-101 et seq., and Tenn. Comp R. & Regs., tit. Department of
Commerce and Insurance, ch. 0780-1-84 (Medical and Professional Malpractice
Claims and Expense Reporting). I further certify that the aforementioned natural
person or entity is a "reporting entity" under Tenn. Code. Ann. § 56-54-101 (a)
but has had no claims asserted or filed against it and therefore has no
information to report for the reporting period of January 1, 2006, through
December 31, 2006.

(Signature of Affiant)

[Use the following provided notary statement or insert an appropriate notary
statement for the state of domicile here with signature and seal]

County of _____;

State of _____;

Sworn to and subscribed before me on this the _____ day of
_____, 2007.

My commission expires on _____.

(Signature of Notary)

[seal]